## MULTIPLE DE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS			15			

PTO - 1360 (REV. 11/04)

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TOTAL DEP.		<b>4</b>		<b>4</b>		<b>4</b>
TOTAL CLAIMS						
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